

## **REPORT ON EMERGENCY HOUSING**

### **Preliminary Outcome Report on the Emergency Housing Program at Safe House: Analysis of Discharge Status by Resident Characteristics**

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**Introduction:**

One of the missions of Safe House is to conduct an evaluation of the assisted residential services provided. This report focuses on the quality and quantity of emergency housing slots provided at Safe House since opening. The stimulus for this report was a needs assessment meeting conducted with Safe House residents on January 11, 2002. During this meeting several of the emergency housing residents complained that 30 days of emergency housing was insufficient to complete the paperwork requirements to gain permanent housing. Emergency residents feared that this would result in continuing the cycle of homelessness, since one greatly enhances the probability of getting permanent housing if one is trying to complete the paperwork for the various assistance programs when working from a residence, even an emergency housing setting. Removal of this resource prematurely, the residents noted, likely would impede completion of the paperwork and delay eventual access to permanent housing. This report is one attempt to determine whether residents provided housing at Safe House were more likely to secure permanent housing if they were provided stays exceeding 30 days.

**Resident Description:**

Since opening in March 2001, the emergency housing at Safe House has remained filled to capacity with open beds existing only a matter of a day or two between discharging residents. Although the emergency housing is contained in one, two-bedroom apartment, a total of 34 males and females have received this service since inception. The average Safe House emergency resident was aged 38.6 years (range=31-52 years). Because emergency clients double-up in the bedrooms, at times one bed remained open in a particular bedroom if there were no other member of the same gender seeking shelter at the same time (e.g., when a female seeks services). Still, an open bed remained rare at Safe House, despite the issue of keeping shared rooms

**Table One: Demographic Characteristics of Safe House Residents in Emergency Housing**

	# Residents	% Residents
<b>Gender</b>		
Male	30	88.2
Female	2	5.9
M-to-F transgender	2	5.9
<b>Ethnicity</b>		
African American	14	41.1
Caucasian	14	41.1
Latin American	6	17.8
<b>Concomitant Condition</b>		
Serious Mental Illness only	5	14.7
Chemical Dependency only	9	26.5
Combined MI and CD	20	59.8
<b>Mental Illnesses</b>		
Unipolar Depression	16	47.1
Bipolar Depression	5	14.7
Schizophrenia	4	11.8
<b>Chemical Dependencies</b>		
Cocaine/Crack	11	32.3
Methamphetamine	7	20.6
Heroin	1	2.9
Alcohol	6	17.6
Polysubstance	4	11.8

consistently of the same gender. Demographic characteristics of the Emergency residents at Safe House are presented in Table One. Of interest and reflecting the diversity of people living in Los

Angeles with HIV, the majority of Safe House residents identified as being of ethnic backgrounds with similar percentages of African Americans and Caucasians. Table One also contains a compilation of the concomitant mental illness and/or chemical dependency condition for emergency residents. As can be seen, the majority of residents had been diagnosed and treated for a serious mental illness *and* a chemical dependency problem. Residents diagnosed with both a serious mental illness and a chemical dependency problem were statistically more likely to be of Latino/a (6 of 6, 100%) or Caucasian ethnicity (9 of 14, 64.3%) and less likely to be African American (5 of 14, 35.7%;  $\chi^2(2)=7.5, p=.024$ ).

### Emergency Housing Program Utilization

The largest number of referrals to Safe House for the emergency program was provided by PATH Access (n=16; 47.1%). Another 29.4% (n=10) arrived at Safe House via self-referral. The remainder of referrals originated from community based agencies: Tarzana Treatment Center (n=3; 8.8%); APLA (n=2; 5.9%); Carl Bean House (n=1; 2.9%); Van Ness Recovery House, Prevention Division (n=1; 2.9%); and Bienestar (n=1; 2.9%). The average length of stay in the emergency housing program at Safe House was 34 days (range 2 – 60). Although the majority of residents (n=25; 73.5%) complied with the 30-day maximum stay, a minority (n=8; 26.5%) required additional days to arrange their disposition from Safe House. These 9 residents stayed an average of 18.2 additional days (range=1 to 30).

Reflecting the fact that the Safe House staff members largely were successful in working with emergency residents successfully to move them toward stable housing, the majority of residents (79.4%, n=27) left the emergency program voluntarily.

Residents in emergency housing who left the program voluntarily were significantly more likely to be discharged into a stable housing situation than if they were asked to leave. Conversely, those asked to leave were more likely to discharge to the streets or to a contained environment – police removal or a treatment program (see Table 2). Table 2 also shows that although not statistically significant and as expected, those who discharged to contained environments i.e., to police removal or to a treatment program, were

least likely to require additional days in the emergency program. Still the fact that the additional time did not appear to help 4 of the 9 to secure stable housing indicates that these residents likely had additional needs that surpassed that available in emergency housing settings. In a needs assessment meeting held with Safe House residents on January 11, 2002, it was noted by the 4 emergency residents then at the program, that the 30-day length of stay was insufficient for completing the paperwork and bureaucratic processes needed to arrange permanent housing. One

**Table Two. Housing status at discharge by discharge status and by compliance with 30-day emergency housing limit**

Housing at D/C	Discharge Status	
	Voluntary	Involuntary
Streets/Unknown	4 of 27 (14.8%)	5 of 7 (71.4%)
Housed	19 of 27 (70.4%)	0 of 7 (0.0%)
Contained	4 of 27 (14.8%)	2 of 7 (28.6%)

$\chi^2(2)=12.25, p=0.002$

Housing at D/C	Length of Stay	
	30 days or less	More than 30 days
Streets/Unknown	6 of 9 (66.7%)	3 of 9 (33.3%)
Housed	14 of 19 (73.7%)	5 of 19 (26.3%)
Contained	5 of 6 (83.3%)	1 of 6 (16.7%)

of the action items from this identified need was for Safe House staff members to meet with HOPWA staff members to arrive at a mutually satisfactory solution to this problem. Results from this preliminary analysis can help direct decisions as to whether and to how modifications might be made to the emergency program.

Variables describing the mental illness, psychiatric or ethnic characteristics of emergency residents appeared to show no statistical or clinical significance with the type of discharge from emergency housing. Table 3 depicts the associations between the presence or absence of having a serious mental illness and of having a chemical dependency condition and type of discharge status at discharge (streets/unknown, housed, or contained – to the police or to a treatment program). The tables show that those most likely to be discharged to stable housing were those absent of serious mental illness (66.7%) or of chemical dependency (80.0%). Although this is not a statistically significant difference, the percentages appear clear: Not having one of these chaotic mental or behavioral disorders greatly increases one’s chances of achieving stable housing. Table 4 shows the outcomes for residents in the emergency program who arrived with *both* diagnoses of serious mentally ill and chemical dependency. Although not statistically significant, those with both conditions were more likely to discharge to contained environments (police or treatment) while less likely to be discharged to stable housing than those with single diagnoses.

Lengths of stay were relatively equal for those residents with both diagnoses as for those who had only one diagnosis as measured by the percentages of those who stayed for less than 30 days compared to those who stayed for more than 30 days. Lastly, those with both diagnoses were somewhat more likely to be asked to leave Safe House emergency housing than those with single diagnoses.

**Table Three. Housing status at discharge by serious mental illness, chemical dependency and ethnicity**

Housing at D/C	Serious Mental Illness	
	Absent (n=9)	Present (n=25)
Streets/Unknown	22.2%	28.0%
Housed	66.7%	52.0%
Contained	11.1%	20.0%

Housing at D/C	Chemically Dependent	
	Absent (n=5)	Present (n=29)
Streets/Unknown	20.0%	27.6%
Housed	80.0%	51.7%
Contained	0.0%	20.7%

**Table 4. Presence or absence of both diagnoses for mental illness and chemical dependency by housing status, length of stay, and discharge type**

Housing at D/C	Diagnostic Status	
	Single (n=14)	Both (n=20)
Streets/Unknown	21.4%	30.0%
Housed	71.4%	45.0%
Contained	7.2%	25.0%

Length of Stay	Diagnostic Status	
	Single (n=14)	Both (n=20)
30 days or less	71.4%	75.0%
More than 30 days	28.6%	25.0%

Discharge Type	Diagnostic Status	
	Single (n=14)	Both (n=20)
Voluntary	85.7%	75.0%
Asked to Leave	14.3%	25.0%

Because of the association we detected between ethnicity and the presence of both diagnoses (serious mental illness and chemical dependency), and because of the generally poorer outcomes for those at discharge for those who had both diagnoses, we evaluated housing outcomes by ethnicity. Findings indicated that type of housing (streets, stable housing, contained environment – police or treatment) at discharge was not associated significantly with ethnicity. Similar majorities of residents from each ethnic category moved from the housing program to stable housing with 57.1% (n=8) of African Americans, 66.7% of Latinos, and 55.9% of Caucasians. Similarly, two residents from each of the three ethnic categories left Safe House to go to contained environments (police removal or treatment settings).

### **Preliminary Conclusions and Recommendations**

**Conclusion 1:**            *High Tolerance is a Feasible Strategy for Providing Emergency Shelter to this High-Risk Group*

In the approximately nine full months of operations, Safe House emergency program has successfully provided emergency housing services to a total of 34 persons living with HIV/AIDS, who also had concomitant mental illness and/or chemical dependency, who were homeless or at risk for homelessness. An important element of this is the successful demonstration of delivery of these services to this population, whose individuals often arrive at the facility in distress, based upon the philosophy of “high-tolerance.” The lengths of stays for residents indicate that the emergency program at Safe House is acceptable and even desirable. The lack of intensive police involvement at the site also indicates that the principle of high tolerance can be implemented when providing housing, even to a highly distressed group of individuals with extremely disruptive mental illnesses and behavior problems. There are no indications from any quantitative or qualitative data to suggest that the Safe House building has had a negative impact on the surrounding community greater than those experienced by the community by the residents of the building prior to renovation and implementation of the Safe House program.

**Conclusion 2:**            *There is no empirical reason to extend length of stays beyond 30 days as a programmatic change.*

As noted, the principle reason for this preliminary analysis of outcome data was to determine whether those who had accessed additional resource from emergency housing program were more likely to discharge to stable housing than those who complied with the 30 day limit. This search for a “dose-response” association, i.e., those individuals that accessed more of the resource demonstrated better housing outcomes than those who accessed less of the resource, was not supported by these data. This means that the request for additional time in the emergency program by the residents who participated in the needs assessment meeting on January 11, 2002 likely reflects an appreciation of the housing resource available at Safe House. Indeed, the request of these individuals was accompanied by the wish to remain at Safe House in another, longer-term housing program (transitional or permanent housing). Although the housing resource provided by the Safe House emergency housing program (decent and safe housing for

30 days using the high tolerance philosophy) appears acceptable and desirable by those accessing the resource, there are no statistical or clinical data to indicate that programmatic changes that would extend lengths of stays would also impact any of the ways we measured discharge status. Of course, this lack of findings does not then mean that all residents should be treated identically who access emergency housing at Safe House. There will be individuals for whom the need for extended stay is obvious. In such cases in the past, consultation between the Safe House and HOPWA staff members determined the appropriateness of extending stays. This appears to be a rational process to build compassion into the process of providing this highly valuable resource that is also in short supply.

***Recommendation 1:*** *Alternative responses might help those individual who unsuccessfully leave the Safe House emergency shelter program*

This set of preliminary results indicate that the emergency shelter program at Safe House facilitated 19 people in accessing stable housing over the reporting period. While laudable, this also indicates that 15 people left to unknown housing situations, to the streets, to treatment programs, or to removal by the police. Treatment is a periodic necessity for these individuals and while we can hope that those who discharged their treatment programs were facilitated in securing stable housing, we have no data to address this question. The clearest indication from this preliminary analysis is that the housing program at Safe House is a successful demonstration of an alternative philosophy to providing emergency shelter to a unique group of high-need, high-risk individuals. Moreover, there are no empirically supported recommendations that the length of stay for this resource be extended. Still, Safe House and HOPWA staff members should meet to determine whether there are programmatic elements that might be identified that could be implemented to better help those 15 individuals in being able to secure stable housing.